PTO/SB/22 (07-09)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | SPINE 3.0- | er (Optional) 437 CIPCIPCIPCIPCIPCON IV | |
| Application Number 10/784,628-Conf. #8401 | Filed | February 23, 2004 | |
| For INSTRUMENTATION FOR INSERTING AND IMPACTING AN ARTIFICIAL INTERVERTEBRAL DISC IN AN INTERVERTEBRAL SPACE | | | |
| Art Unit 3733 | Examiner | C. L. Negrelli | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <u>Fee</u> | Small Entity | <u>Fee</u> | |
| One month (37 CFR 1.17(a)(1)) \$130 | \$65 | \$ | |
| X Two months (37 CFR 1.17(a)(2)) \$490 | \$245 | \$490.00 | |
| Three months (37 CFR 1.17(a)(3)) \$1110 | \$555 | \$ | |
| Four months (37 CFR 1.17(a)(4)) \$1730 | \$865 | \$ | |
| Five months (37 CFR 1.17(a)(5)) \$2350 | \$1175 | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X attorney or agent of record. Registration Number 58,653 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| /William A. Di Bianca/ Signature | <u>J</u> | January 4, 2010 Date | |
| William A. Di Bianca | (| (908) 654-5000 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of forms are submitted. | | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: January 4, 2010